The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health Bureau of Health Professions Licensure Board of Certification of Community Health Workers 250 Washington Street, Boston, MA 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0806 Fax: 617-973-0980 www.mass.gov/dph/boards MARYLOU SUDDERS
Secretary
Margaret R. Cooke
Acting Commissioner

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Board of Certification of Community Health Workers is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified license applicants and current licensees.

As a prospective or current license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Systems (DCJIS). I hereby acknowledge and provide permission to the Board of Certification of Community Health Workers to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Board of Certification of Community Health Workers may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Board of Certification of Community Health Workers must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE		
DATE		

NOTE: The Board of Certification of Community Health Workers cannot accept this form unless it is either (1) signed in person at the Board's offices in the presence of a BHPL employee who has verified the applicant's identity through acceptable identification, or (2) signed in the presence of a notary public who has likewise verified identity and then mailed or hand-delivered to the Board's offices at the address set forth above.

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SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix	
Maiden Name (or o	ther name(s) by which yo	u have been known)		
*Date of Birth	-	Place of Birth	_	
*Last Six Digits of	Your Social Security Num	nber:		
Sex: Heiş	ght:ft. in. Ey	e Color:]	Race:
Driver's License or	ID Number:		State	of Issue:
Mother's Full Name	e (Mother's Maiden Name) Father'	s Full Name	
Current and Former	Addresses:			
Street Number & N	ame City/Tov	wn S	State	Zip
Street Number & N	ame City/Tov	wn S	State	Zip
The identity of the s government-issued	subject of this acknowledgidentification:	gement form was verified	d by reviewing	the following form(s) of
VERIFIED BY: _				ON
Nan	ne of Verifying BHPL Em	ployee or Notary Public	(Please Print)	Date
	ature of Verifying BHPL	Employee or Notary Pul	blic	

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